

SERFF Tracking Number:	PHLX-125486745	State:	Arkansas
Filing Company:	Philadelphia Indemnity Insurance Company	State Tracking Number:	EFT \$50
Company Tracking Number:	ML AR0032502F01		
TOI:	35.0 Interline Filings	Sub-TOI:	35.0002 Commercial Interline Filings
Product Name:	Insurance Services Office, Inc		
Project Name/Number:	Insurance Services Office, Inc/ML AR0032502F01		

Filing at a Glance

Company: Philadelphia Indemnity Insurance Company

Product Name: Insurance Services Office, Inc	SERFF Tr Num: PHLX-125486745	State: Arkansas
TOI: 35.0 Interline Filings	SERFF Status: Closed	State Tr Num: EFT \$50
Sub-TOI: 35.0002 Commercial Interline Filings	Co Tr Num: ML AR0032502F01	State Status: Fees verified and received
Filing Type: Form	Co Status:	Reviewer(s): Betty Montesi, Llyweyia Rawlins, Brittany Yielding
	Author: SPI PhiladelphiaIndemnity	Disposition Date: 02/22/2008
	Date Submitted: 02/14/2008	Disposition Status: Approved
Effective Date Requested (New): 03/15/2008		Effective Date (New): 03/15/2008
Effective Date Requested (Renewal):		Effective Date (Renewal): 03/15/2008

State Filing Description:

General Information

Project Name: Insurance Services Office, Inc	Status of Filing in Domicile:
Project Number: ML AR0032502F01	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/22/2008	
State Status Changed: 02/22/2008	Deemer Date:
Corresponding Filing Tracking Number:	
Filing Description:	

The Philadelphia Indemnity Insurance Company files to adopt the following ISO revisions:

CL-2007-OTRL1

SERFF Tracking Number:	PHLX-125486745	State:	Arkansas
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Product Name:	Insurance Services Office, Inc		
Project Name/Number:	Insurance Services Office, Inc/ML AR0032502F01		

Company and Contact

Filing Contact Information

Diane Quarles, Compliance Analyst

One Bala Plaza (610) 617-7751 [Phone]
 Bala Cynwyd, PA 19004 (866) 478-1433[FAX]

Filing Company Information

Philadelphia Indemnity Insurance Company	CoCode: 18058	State of Domicile: Pennsylvania
One Bala Plaza	Group Code: 677	Company Type:
Suite 100		
Bala Cynwyd, PA 19004	Group Name: Philadelphia Insurance Companies	State ID Number:
(610) 617-7900 ext. [Phone]	FEIN Number: 231738402	

Filing Fees

Fee Required?	Yes
Fee Amount:	\$50.00
Retaliatory?	No
Fee Explanation:	
Per Company:	No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
Philadelphia Indemnity Insurance Company	\$50.00	02/14/2008	17974712

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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	02/22/2008	02/22/2008

<i>SERFF Tracking Number:</i>	<i>PHLX-125486745</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR0032502F01</i>		
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<i>Product Name:</i>	<i>Insurance Services Office, Inc</i>		
<i>Project Name/Number:</i>	<i>Insurance Services Office, Inc/ML AR0032502F01</i>		

Disposition

Disposition Date: 02/22/2008

Effective Date (New): 03/15/2008

Effective Date (Renewal): 03/15/2008

Status: Approved

Comment:

Rate data does NOT apply to filing.

<i>SERFF Tracking Number:</i>	<i>PHLX-125486745</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR0032502F01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Insurance Services Office, Inc</i>		
<i>Project Name/Number:</i>	<i>Insurance Services Office, Inc/ML AR0032502F01</i>		

Item Type	Item Name	Item Status	Public Access
Supporting Document	letter	Approved	Yes
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes

<i>SERFF Tracking Number:</i>	<i>PHLX-125486745</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>Philadelphia Indemnity Insurance Company</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>ML AR0032502F01</i>		
<i>TOI:</i>	<i>35.0 Interline Filings</i>	<i>Sub-TOI:</i>	<i>35.0002 Commercial Interline Filings</i>
<i>Product Name:</i>	<i>Insurance Services Office, Inc</i>		
<i>Project Name/Number:</i>	<i>Insurance Services Office, Inc/ML AR0032502F01</i>		

Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: PHLX-125486745 State: Arkansas
Filing Company: Philadelphia Indemnity Insurance Company State Tracking Number: EFT \$50
Company Tracking Number: ML AR0032502F01
TOI: 35.0 Interline Filings Sub-TOI: 35.0002 Commercial Interline Filings
Product Name: Insurance Services Office, Inc
Project Name/Number: Insurance Services Office, Inc/ML AR0032502F01

Supporting Document Schedules

Satisfied -Name: letter **Review Status:** Approved 02/22/2008
Comments:
Attachment:
letter.PDF

Satisfied -Name: Uniform Transmittal Document-Property & Casualty **Review Status:** Approved 02/22/2008
Comments:
Attachments:
EXPEDITED FILING TRANSMITTAL DOCUMENT.PDF
ML List.PDF
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Philadelphia Insurance Companies

One Bala Plaza, Suite 100, Bala Cynwyd, Pennsylvania 19004
610-617-7900 Fax: 610-617-7600

February 14, 2008

Commissioner of Insurance
Arkansas Insurance Department
1200 West Third Street
Little Rock, Arkansas 72201-1904

Subject: Philadelphia Indemnity Insurance Company
NAIC# 677-18058 FEIN# 23-1738402
Crime / Fidelity
Adoption of ISO revisions
Our Filing Number: ML AR 0032502F01

Dear Sir or Madam:

The Philadelphia Indemnity Insurance Company files to adopt the following ISO revisions:

CL-2007-OTRL1

We intend to implement this filing to policies effective on and after March 15, 2008, or as soon as possible after receiving notice of acceptance. Your acknowledgement will be appreciated.

Should you have any further questions please contact the undersigned.

Sincerely,



Diane Quarles
Compliance Analyst
(610) 617-7751
Fax 866-478-1433
quarlesd@phlyins.com

**EXPEDITED FILING TRANSMITTAL DOCUMENT
FOR TERRORISM RISK INSURANCE FORMS AND PRICING**

This page applies to the following state(s) _____

Indicate Type of Filing
<input checked="" type="checkbox"/> Filing Related to <i>Certified Losses</i>
<input type="checkbox"/> Filing Related to <i>Non-Certified Losses</i>
<input type="checkbox"/> Filing Applicable to Both Certified and Non-Certified Losses

Department Use only

Company Name(s)	Domicile	NAIC #	FEIN #
Philadelphia Indemnity Insurance Company	PA	18058	231738402

Contact Info for Filer

Name and address of Filer(s)	Telephone #	FAX #	e-mail
Diane Quarles - Compliance Analyst One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	610-617-7751 877-438-7459	866-478-1433	quarlesd@phlyins.com

Filing information

Line of Insurance (see attachment)	Interline Commercial Burglary Theft / Fidelity
Company Program Title (Marketing title) (if applicable)	n/a
Filing Type ** see note below	Form
This application is used with:	
Effective Date Requested	3/15/08
Filing date	2/14/08
Company Tracking Number	ML AR032502F01
Date filing approved in domiciliary state, if applicable	n/a Filing concurrently with this submission

	Component/Form Name /Description/Synopsis	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	CL-2007-OTRP1	Please see attached	<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
02			<input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		

To be complete, a filing must include the following:

- A completed Expedited Filing Transmittal Document for each insurer or advisory organization.
- One copy of each endorsement, disclosure form or other policy language, unless the insurer has given an advisory organization authorization to file them on its behalf.
- A copy of the rates, rating systems and supporting documentation.
- The appropriate filing fees, if required.
- A postage-paid, self-addressed envelope **large enough to accommodate the return.**

The insurer(s) submitting this filing certifies that it:

- ☒ Is in compliance with the terms of the Terrorism Risk Insurance Act as amended, and the laws of this state;
- ☒ Is in compliance with the requirements of the bulletin containing the voluntary expedited filing procedures.



Signature

Diane Quarles
Print Name:

Compliance Analyst
Title:

	<u>Component/Form Name</u> <u>Description/Synopsis</u>	Form # or Rate Page Include edition date	Replacement Or withdrawn?	If replacement, give form # or rate page(s) it replaces	Previous State Filing Number, if required by state
01	Cap on losses from certified acts of terrorism	IL 09 52 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 09 52 11 02	
02	Exclusion of certified acts of terrorism; coverage for certain fire losses	IL 09 53 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 09 53 11 02	
03	Exclusion of Certified Acts of Terrorism Involving Nuclear, Biological Or Chemical Terrorism; Cap on Covered Certified Acts Losses	IL 09 86 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 09 86 12 03	
04	Limitation of Coverage for Certified Acts of Terrorism (Sub-limit on Annual Aggregate basis)	IL 09 87 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 09 87 12 03	
05	Exclusion of Certified Acts of Terrorism	IL 09 58 11 02	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
06	Exclusion of Certified Acts of Terrorism	IL 09 63 11 02	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
07	Exclusion of Certified Acts of Terrorism; Coverage For Certain Fire Losses	IL 09 68 11 02	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
08	Exclusion of Certified Acts of Terrorism	IL 09 73 11 02	<input type="checkbox"/> Replacement <input checked="" type="checkbox"/> Withdrawn <input type="checkbox"/> Neither		
09	Disclosure pursuant to terrorism risk insurance act	IL 09 85 01 08	<input checked="" type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn <input type="checkbox"/> Neither	IL 09 85 01 06	


Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only	
	a. Date the filing is received:	
	b. Analyst:	
	c. Disposition:	
	d. Date of disposition of the filing:	
	e. Effective date of filing:	
	New Business	
	Renewal Business	
	f. State Filing #:	
g. SERFF Filing #:		
h. Subject Codes		

3. Group Name	Philadelphia Insurance Companies				Group NAIC #	0677
4. Company Name(s)	Domicile	NAIC #	FEIN #	State #		
Philadelphia Indemnity Insurance Company	PA	18058	231738402			

5. Company Tracking Number	ML AR0032502F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6. Name and address	Title	Telephone #s	FAX #	e-mail
Diane Quarles One Bala Plaza, Suite 100 Bala Cynwyd PA 19004	Compliance Analyst	877-438-7459	866-478-1433	quarlesd@phlyins.com
7. Signature of authorized filer				
8. Please print name of authorized filer	Diane Quarles			

Filing Information (see General Instructions for descriptions of these fields)

9. Type of Insurance (TOI)	35.0 Interline Filings	
10. Sub-Type of Insurance (Sub-TOI)	35.0002 Commercial Interline Filings	
11. State Specific Product code(s) (if applicable) [See State Specific Requirements]		
12. Company Program Title (Marketing Title)	ISO Adoption	
13. Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)	
14. Effective Date(s) Requested	New: 3/15/08	Renewal: 3/15/08
15. Reference Filing?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
16. Reference Organization (if applicable)		
17. Reference Organization # & Title		
18. Company's Date of Filing	2/14/08	
19. Status of filing in domicile	<input type="checkbox"/> Not Filed <input type="checkbox"/> Pending <input checked="" type="checkbox"/> Authorized <input type="checkbox"/> Disapproved	

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	ML AR0032502F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

The Philadelphia Indemnity Insurance Company files to adopt the following ISO revisions:

CL-2007-OTRL1

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
	<div data-bbox="180 1461 418 1516"> <p>Check #: EFT</p> <p>Amount: 50.00</p> </div> <div data-bbox="151 1757 1304 1812"> <p>Refer to each state's checklist for additional state specific requirements or instructions on calculating fees.</p> </div>

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do not refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	ML AR0032502F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	ISO Adoption	CL-2007-OTRL1	<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		